First 5 California Annual Report Form

PART 1

COUNTY COMMISSION NARRATIVE

County Commission Narrative Form

Please note that your Evaluation Technical Assistance Coach can help you collect and prepare much of this information.

1. **County Priorities.** (Please try to limit your response to this question to **one page**.)
   a. Describe the major issues and/or needs identified by your commission within your county. Your response may include the same information reported last year.

      First Five - Placer County continues to provide services and supports in the following four primary areas:

      Improved Family Functioning - Strong Families. This includes traditional and services as well as enrichment activities.

      Improved Child Development - Children Learning and Ready for School. This includes a healthy pregnancy and continues with parents' attention to the child's developmental experiences.

      All Children are Healthy. In this area health is broadly defined as health and wellness and includes all aspects of physical and mental health for all children and their families.

      Comprehensive Child and Family Partnerships - Systems Change. This keeps a focus on the power of communities to systemically organize to create and/or change policies and practices that will better serve children and families. The emphasis is on forming partnerships and sustainable formal and informal networks of care and support.

   b. Please describe the funding priorities your commission has focused on in the past fiscal year (July 1, 2002 - June 30, 2003) in the following areas:

      - *Systems-level priorities* (e.g., changes in policies, legislation, service integration).

        The Commission did not pre-set funding priorities. Instead, a Request for Results process was used to engage the community and allow the community "voice" to determine the funding priorities based on community needs and strengths. As the applications were discussed in the context of the community's needs and strengths, priorities emerged. The following are examples of three programs with systems change implications.

        The Mental Health Collaborative's Early Relationship Support Project seeks to create a system of infant mental health services and supports. The Music Collaborative seeks to re-establish music as a viable and core activity that will be available to all children and their families. The Dental Task Force seeks to educate and provide dental treatment and prevention services for the Spanish speaking population in the lake Tahoe Region.

      - *Program-level priorities* (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

        The Kings Beach School Readiness "Making Connections" program seeks to promote early literacy among Spanish speaking families in the Kings Beach Elementary School service area.

        The Child Abuse Prevention Council's "Home First" home visiting program seeks to create a continuum of care by linking families to services provided through Family Resource Centers and other community services.

The Request for Results process revealed the community's desire to increase the availability of accredited child care centers. Prior to Proposition 10, there were no accredited child care programs in Placer County. In response to this need, the Commission now provides funding to assist both center-based and family care facilities through the Child Care Services - Placer County Office of Education - NAFCC accreditation program.

The Kid Zone at Lake Tahoe was developed to provide a family-centered facilty with developmentally appropriate interactive areas for children. Also, the facility serves as a much needed indoor play area during the winter months which often leaves the Tahoe area communites snow-bound.

- *Commission-level priorities* (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

  The following are examples of the commission's priorities for the 2002-2003 fiscal year: The development of results-oriented contracts and the use of learning conversations to understand and apply lessons learned from outcome data; the acceptance of this model as standard practice among its partner network; and on-going civic engagement in all processes used by the commission.

2. **Major Accomplishments.** Please list briefly (in no more than **two pages**) the major accomplishments of your County Commission in FY 2002-2003 in each of the following areas. Please **distinguish School Readiness Initiative** funded activities from other activities.

   a. *Systems-level accomplishments* (e.g., changes in policies, legislation, service integration).

   Through the commission's consistent actions there is a strong sense within the community of the importance of healthy partnerships in carrying-out systems change activities. Also, every partner understands the crucial act of identifying, collecting, and learning from outcome data as a first step in developing procedures and service delivery systems.

   b. *Program-level accomplishments* (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

   The Kings Beach School Readiness "Making Connections" program has been successful in mobilizing Spanish speaking families with children prenatal to five years of age in Kings Beach to promote early literacy and healthy child development.

   The Child Abuse Prevention Council's Home First Home Visiting Program has served as a connector for families to access serves provided in other parts of the system.

   The Office of Education Child Care Services program has been successful in increasing the availability of licensed child care centers that meet the NAFCC Accreditation standards.

   The Kid Zone in the Tahoe Region has been successful in creating a community meeting and resource place for families with children aged 0-5 years. Also, the facility is designed to promote healthy child development through the use of developmentally appropriate interactive activities.

   c. *Commission-level accomplishments* (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

   Due to its focus on results, the commission has a wealth of outcome data (both qualitative and quantitative) from every partner in its network. Further, the commission has adopted the practice

of consulting and learning from the data before making funding and/or policy decisions. The commission also created an eight member "community resource committee" (CRC) and approved a charter for the committee that makes it a principal community level advisory body to review all items needing commission action and to make recommendations for commission approval. The CRC members also are empowered and encouraged to attend statewide First 5 meetings and represent our community.

3. **Challenges.** Please describe briefly (in no more than **one page**) any challenges your County Commission faced in being able to implement programs and achieve goals in FY 2002-2003.

   It is challenging to break long held paradigms regarding funding, service delivery, and evaluation. The commission is continually seeking ways to make the funding process meaningful and collaborative so that it results in better services for the 0-5 population - not hard feelings and damaged relationships between service providers. Service delivery systems are envisioned as sustainable networks of partners where Proposition 10 funding is invested in results for all children aged 0-5 years and their families - not as "grant driven" services that disappear when the grant dries up. Evaluation is seen as a learning loop where funded programs can apply lessons learned from the data to improve services - not as a confrontational process where one has to prove that their program is better than someone else's.

4. **Plans for FY 2003-2004.** Please list briefly (in no more than **one page**) your County Commission's major plans for FY 2003-2004.

   In the upcoming year the commission will initiate a series of community engagement activities to update it's strategic plan and develop funding processes to match the outcomes that emerge from the planning process. The commission will continue to use the learning conversation to understand and learn from outcome data. In addition to furthering the implementation of the Kings Beach School Readiness program and the CARES retention incentive programs, the commission will explore ways that it might participate successfully in state initiatives around preschool for all, special needs and mental health, and universal access to medical care.

5. **Status of Local Evaluation, Reporting, and Data Collection.** Please respond to the following questions (in no more than **three pages**). Feel free to attach local evaluation reports to augment your response.

   a. Have there been any major findings from your local evaluation efforts? We are especially interested in findings related to school readiness, universal preschool, early childhood development and educational experiences, universal health care, and early assessment and intervention.

      Overall, the partner network is becoming results oriented. It is very difficult to make the shift from solely being concerned with the type and duration of service delivery to also being concerned with the conditions and/or behaviors that result from those services.

      The retention and incentive program helped produce an unexpected outcome in its participants. The goals of this program include increasing the number of people who remain in the field of early education and increasing the education level of early care and education providers. Preliminary outcome data shows that participation in this program not only increased the number of ECE units earned, but also motivated participants to continue with their education and earn higher degrees.

   b. Explain how these findings have been used (to inform policy-makers, to educate the public, to refine and plan programs, or in other ways).

It was clear through feedback from Outcome Faires and data conversations that parents and service providers needed a consistent up-to-date place to go for information and resources. Consequently, the commission purchased the "Network of Care for Kids" website. This is a "no wrong door" online information source for individuals, families, and agencies involved with children, especially children ages 0 to 5 years.

A practice of "Sharing the Learning" was initiated by the commission wherein all notes and findings from partners learning conversations are posted to the commission web site. In this way, the overall knowledge of children ages 0-5 years within the partner network is increased as partners are continually learning from each other about the diversity of issues facing children aged 0-5 years and their families. Also, partners are exposed to each other's priorities and practices. This feedback loop helps individuals and organizations to see the issues and opportunities affecting our 0-5 population outside of their own category or "box."

Commission policy-making and funding decisions are informed by the results of data-based learning conversations. This is a total quality improvement process and gives the commission and the community a way to focus on the results we are getting for children aged 0-5 years and their families -- not just on the on-going funding needs of organizations.

6. **Outreach to Historically Underserved Populations.** Please answer (in no more than **one** page) the following questions.
   a. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

      Historically, the Spanish-speaking population in Placer County has been underserved, and particularly Spanish-speaking families in the Lake Tahoe area.

   b. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

      One strategy the commission used to serve the Spanish-speaking community was to train Spanish-speaking child care providers. Another strategy was to implement a dental program for the Spanish-speaking population that trains people from the community to conduct outreach, deliver the dental health messages, and connect families with treatment services. This program's approach is consistent with the commission's emphasis on training community members to train the parents in the community (instead of an "outsider" coming in). Whether the topic is dental health, mental health, evaluation or music, a core principle is to design and deliver sustainable programs and services. By identifying and using local skills instead of always relying on outside "experts" we are building community capacity as well as funding direct services.

   c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

      The Kid Zone is an example of a community owned and operated program. The entire operation is built on community involvement and oversight. As a result of this ownership, the community now has a recognized place for families with children 0-5 years to interact, learn, and help each other.

      The School Readiness programs' partnership with the Family Resource Center at Kings Beach, Lake Tahoe has created greater access to services for the Spanish-speaking population and

provided a way for the Spanish-speaking population to be directly involved in the way early literacy services are provided at Kings Beach Elementary School.

7. *(Optional)* **Systems Change Support Activities.** Systems change support activities are complex and can range from bringing people from various agencies and backgrounds to the table, to changing policies and practices, to systematically looking at information across programs. Sometimes it is difficult to communicate to the public how making such changes can result in better services and outcomes for children and families. If your County Commission has an example of an effective systems change effort, please share your story here. Below are some questions to guide your narrative. (Please try to limit your response to **one page**.)
   a. What were you trying to change and why?
   b. Who was involved?
   c. What agreements, changes, or products resulted from this work?
   d. How, ultimately, are children and families better served because of these activities?

   The following are three examples of systems change support activities in Placer County:

   New website -- This project intended to change the system wherein a paper document was the primary source of information about community resources. One challenge with the paper system was that it was not regularly updated, so parents did not always have access to recent contact information. The website allows programs to send in their information so the resource directory can be more regularly updated. The online directory provides a resource for parents to retrieve up-to-date information about community resources. The First 5 commission and the community service providers worked with Trilogy Inc to develop the new website. Ultimately, children and families benefit by having access to current information about the resources in their community, the state, and nationwide.

   Early Childhood Relationship Support Project -- This project intends to increase the capacity of the local mental health system's ability to serve young children. A local organization, Advocacy, Resources, and Choices, is the Fiscal Agent, with guidance from a Steering Committee that includes members from ARC Placer Infant Development Program, Alta California Regional Center, PCOE Childcare Services, HHS Community Health Nursing, CSOC, Head Start – Early Head Start, SELPA/Districts; County Office of Education and the Child Abuse Prevention Council. This project provides collaborative coordination of mental health and developmental prevention and intervention in community based settings for children ages birth to five, their families, and participating agencies/community providers. In addition, the collaborative spent a portion of the last fiscal year trying to understand what currently existed in the infant mental health service delivery system in areas such as funding, screening, assessment, capacity building, referral and services. The collaborative also organized infant mental health training activities, which included system and individual training. Mental Health clinicians provided regular on-site visitations to 8 participating agency sites to assist child care providers and agency staff with creating an environment that promotes engaging interactions; positive adult/child interactions that will ensure positive social development of children; to provide social/emotional assessment; to provide individual clinical interventions; to assess and initiate if a referral for treatment is needed; and to provide mental health educational information.

   HHS managed care -- Although there was an array of services for parents of children with Austism Spectrum Disorder (ASD), it was often difficult for parents to access these services. In addition, there were no services for parents prior to a formal ASD diagnosis. This program intends to serve the

community and families with children at risk of not reaching developmental milestones due to disabilities and other special needs. Agencies involved include the Health and Human Services Department, First 5 Commission, Board of Supervisors representatives, and parents of children with ASD. This program hired an Autism Resource Coordinator, developed a map of stakeholders, and conducted a community needs assessment. In addition, program staff conducted an Autism Awareness Fair for the community. Parent surveys and testimonials indicate that some families served by this program showed improvements in their overall ability to function, and some children served had greater age appropriate development than they would have otherwise reached. Ultimately, the goal is for these families to know how to obtain information, referral resources, coordinated services, and support.

8. Innovative and Promising Programs. Please describe at least three new or continuing promising programs that your County Commission funded during FY 2002-2003. If your county is participating in the School Readiness Initiative, please make sure that at least one of the programs highlighted is part of that initiative. For each innovative and promising program, please provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please try to limit each program description to two pages.)

Please see the following pages for descriptions of three programs.

a. What is the name of the program, and in which agency is it housed?

Making Connections – Kings Beach School Readiness

b. What identified need or issue does the program address?

Children's readiness for school; promotion of collaborations between partners around target families and SR issues, especially language and literacy acquisition; attendance at Family Literacy activities/functions and utilization of the onsite lending library; Kindergarten Readiness measures; evaluations from families, community members, and parents.

c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

The primary focus of this program is child development.

d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

This program is designed to directly serve families and their young children. This program serves children and their families in the following ways: Establishment of a family literacy center at the Kings Beach Elementary; Creation of an Early Team to screen, refer, and support families with very young children that may have developmental or emotional delays requiring intervention; Staff development and cross-training for partners in the areas of child development and language and literacy acquisition.

e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Increasing literacy among Spanish-speaking families by offering materials in Spanish, having staff who speak Spanish, involving Spanish-speaking parents in the reading program, and providing culturally sensitive and relevant activities.

f. What specific outcomes does the program aim to achieve?

The primary outcome for this program is that children entering Kindergarten will be healthy, happy, and ready to learn. Additional goals include the following:

- *Enhanced collaboration between partners around target families and SR issues, especially language and literacy acquisition.*
- *Increased attendance at Family Literacy activities/functions and increased utilization of the onsite lending library.*

- *Improved Kinder Readiness measures, including multiple measures from the classroom and language assessments.*

g. What activities or resources are offered through the program?

This program serves children and their families in the following ways: Establishment of a family literacy center at the Kings Beach Elementary; Creation of an Early Team to screen, refer, and support families with very young children that may have developmental or emotional delays requiring intervention; Staff development and cross-training for partners in the areas of child development and language and literacy acquisition. The program offers Spanish-speaking staff to families.

h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?

Providing Spanish-speaking staff and other resources for Spanish-speaking families.

j. What types of positive impacts has the program had on children and families?

They have held lots of activities and have had high levels of satisfaction among those served. At one activity, the parent of a 2 year old was amazed that the child was already holding a book – this validates the whole idea of the parent being the child's first teacher. Parents at another activity reporting enjoying the benefits of the communication that result from interacting with their kids and doing the program's activities. The staff noted that it was nice to see men getting involved with their kids and brining the activities home. Further, the staff noted that it is wonderful to see the way School Readiness activities spill over into other areas; in this way, this School Readiness program will be a future benefit to the whole community.

k. How were these impacts measured or documented?

- *Evaluations from families, community members, and partners.*
- *Participation in the statewide evaluation activities sponsored by the State Children and Families Commission.*

l. (Optional) Is the program research based? What was the rationale for the program's design?

This program strives to make connections. Connections between the child and their world are those connections between parent and child, connections between home and school, and connections between preschool and Kindergarten. One philosophy of this program is that involving parents now will hopefully result in their continued involvement throughout their children's education. They also believe that parents internalize activities when they get to actually do them. The values of this

program include parent involvement, recognizing parents as the first teacher for their children, the power of education, child development, and sensitivity to diversity.

a. What is the name of the program, and in which agency is it housed?

The Music Collaborative.

b. What identified need or issue does the program address?

This program addresses the need to make music accessible, to bring music back into children's lives, and to serve families in rural communities.

c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

The primary focus of this program is to improve child development.

d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

This program directly serves children ages birth through 5 years by supporting their physical and brain development. Further, this program improves parent, childcare provider, and teacher knowledge regarding the importance role of music exposure in the development young children.

e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Currently there are no eligibility requirements to receive services through this collaborative.

f. What specific outcomes does the program aim to achieve?

The overall desired outcome of the Music Collaborative is that all children and their families have access to high quality music enrichment, which will improve child development.

g. What activities or resources are offered through the program?

Recognizing that music provides an important underpinning to brain development, this program goes about bringing music into children's lives in three ways:

1. *Providing music training for childcare providers, pre-school and kindergarten teachers to help them integrate music into their programs;*
2. *Providing community concerts throughout the county in different venues including pre-school and kindergarten sites so that children can be exposed to live quality music; and*
3. *Providing scholarships so that more children can participate in music lessons.*

h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?

According to the program staff, there is no common knowledge among parents or childcare givers about the important role quality music plays in brain development. For example, two-thirds to three-quarters of the teachers in this program do not have any music training. Thus, there is an extreme need to educate and train childcare providers in how to use music and quality instruments with children. This program provides much needed music training for childcare providers, pre-school and kindergarten teachers to help them integrate music into their programs. In addition, the program provides community concerts throughout the county in different venues including pre-school and kindergarten sites so that children can be exposed to quality live music.

j. What types of positive impacts has the program had on children and families?

At the Community Concerts, children's overall response to live musical performance was very favorable. In some instances immediate response was observed by the staff in children with disabilities in particular. The staff of the Teaching Teachers component of this project report that teachers are seeing changes directly related to the provision of the music program such as increased listening and following directions; increased participation in activities (especially children with special needs); improvement in expressing themselves without using words; increased singing by children after about 3 weeks; and increased confidence in leading activities among 3-5 year olds. In addition, incorporating multiple ages in the program was very successful because young children modeled older children. All children in the program, but especially the boys, enjoyed discovering their "singing voice." At one Head Start site a teacher commented about seeing a real time correlation between what children were doing in the music program and actions that were signs of age appropriate development. Staff of the Scholarships (Musik Garten) component of the program noted that the children's excitement and enjoyment of music has impacted the families and helped them get involved. Children in the program often lead music time together with their parents at home. Parents and their children interacted with the music materials sent home for 30 minutes or more each week. Parents have also shared that music program impacted their child's language development. Interestingly, children with Autism who rarely participate with their pre-school class did participate in the music class.

k. How were these impacts measured or documented?

By using existing music measurements from public and private schools, this program established a data resource baseline to develop their methods of assessment. These include:

- *Pre-program and Post-program reviews*
- *Systematic observation and documentation*
- *Video tape of children's interactions with music*

l. (Optional) Is the program research based? What was the rationale for the program's design?

It has long been known that certain types of music activate the temporal lobes and help children learn, process, and remember information more efficiently. It is also likely that certain types of music open new pathways into the mind. This program uses strength-based approaches to assure that young children and their families in the program have access to high quality music enrichment, which will improve child development.

a. What is the name of the program, and in which agency is it housed?

Early Childhood Relationship Support Project, *Advocacy, Resources, and Choices as the Fiscal Agent, with guidance from a Steering Committee that includes members from ARC Placer Infant Development Program, Alta California Regional Center, PCOE Childcare Services, HHS Community Health Nursing, CSOC, Head Start – Early Head Start, SELPA/Districts?*
PCOE, and the Child Abuse Prevention Council.

b. What identified need or issue does the program address?

This is a collaboration with various agencies and different funding sources to increase the capacity of the local mental health system's ability to serve young children. This collaborative developed in part because multiple agencies in the county identified their need for increased attention to social-emotional development (screening, assessment, staff training and support, and intervention).

c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Although this program addresses all of the four result areas, the primary goal is to improve systems of care.

d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

This project provides collaborative coordination of mental health and developmental prevention and intervention in community based settings for children ages birth to five, their families, and participating agencies/community providers.

e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Currently there are no eligibility requirements to receive services through this collaborative.

f. What specific outcomes does the program aim to achieve?

This collaborative intends to provide the following:

1. *Collaborative coordination of mental health and developmental prevention and intervention in community based settings for families/children ages birth to five and participating agencies/community providers.*

2. *Implementation of a collaborative service delivery model. Specifically, the participating agencies will implement the infant/family mental health services within their scope of services and work collaboratively with the Early Childhood Support Project Team.*

3. *Increase understanding among providers and families regarding the understanding and meaning of the child's behavior, increase the quality of their relationships, and increase development – or ameliorate behavior.*

g. What activities or resources are offered through the program?

Three levels of service are delivered in community settings and programs where children and families spend their day:

1. *Promotion of positive asset based parent-child relationships;*
2. *Preventive intervention services for families who are at risk for later relationship difficulties; and*
3. *Treatment of relationship disturbances among children and families.*

h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?

No other agencies within the county are mandated or funded to provide infant mental health services. Therefore, many of the children being served by this program do not already "belong" to an agency that provides infant mental health services. Without this program, these children may not receive services.

j. What types of positive impacts has the program had on children and families?

Preliminary data shows that outcomes are being achieved for children and parents. In addition, Kindergarten teachers see first hand the importance of treating children. Initial outcomes include the following:

- *84% of children with two or more assessments using the Social-Emotional scale of the ASQ showed an improvement with the intervention.*
- *86% of children showed an improvement in the second score with the PIRGAS after their intervention*
- *100% of parents/caregivers felt more confident in their parenting knowledge*
- *Over 80 trainings were facilitated across Placer County; 100% of participants reported that their increase in knowledge had a positive impact on the children and families they served*
- *100% of staff felt that their participation in the program facilitated new or strengthened interagency collaboration*

k. How were these impacts measured or documented?

- *The written document of the multi-agency service delivery system design.*
- *A written philosophy statement and documentation of a multi-agency attended training.*

- *In collaboration with the Early Childhood Focus Group's effort for agencies to use one screening tool, they collect the results of Ages and Stages Social/Emotional screenings and the data from the ECRSP assessment protocols.*
- *Results of the Placer Outcomes screenings.*
- *Statistical reports of client services.*
- *A summary report that tells the story of implementing this initiative.*
- *Family/service provider satisfaction questionnaire.*
- *Pre and Post Training questionnaire.*

l. (Optional) Is the program research based? What was the rationale for the program's design?

This collaborative follows the Strength Based Family Centered Approach. This approach has been shown to produce has long lasting benefits among young children and their families. Early approaches to mental health treatment focused more on what the family could not do. Now the focus is to build on what is right with any caregiver involved. Providers in this collaborative focus on and strengthen what is healthy within a family and minimize what is unhealthy. Further, the intervention includes the entire family, not just the child.

Participants in this collaborative provide early, preventative intervention services. Their rationale is that waiting until a crisis occurs does not allow for a family centered approach, and there is a lot more rebuilding that has to occur. Therefore, providing services early with the family, before a crisis occurs, is the best method.

There is also validation to having multiple agencies working with one child. This project uses a collaborative service delivery model. Each program can then provide their expertise in a coordinated, holistic way. This is a very unique model versus going into a clinic. This project, like all other family services, is dependent on the availability of the other services that these families need – no one agency can do this work alone.

9. *(Optional)* **Child/Family/Provider Vignettes.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you would like.

   a. What type of participant(s) are you describing (e.g., child, family, child care provider)? Please give the ages of the children involved.
   b. What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?
   c. Describe the factors that contributed to the child's or family's participation in your program. What needs were addressed?
   d. Which services or activities did the participant(s) receive?
   e. What positive outcomes resulted because of participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Please include quotes from participants or staff, if available.)
   f. How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.
   g. How representative of the experiences of other individuals/families in your county is the vignette?

Please see the following pages for the child/family/provider vignettes.

Home First – CAPC

The participants in this story are a, Spanish-speaking Hispanic family with four children. The father was working, and the family was eligible for Medi-Cal. This is a two-parent family that lives in a rural area, so they are isolated from other families and services. The youngest child in this family is two years old. There was some concern about the youngest child because he did not have any speech; instead, he pointed and grunted. When they first enrolled in CAPC, the family was not getting a response from the childcare provider regarding their concerns about their son's language.

The CAPC program provided weekly home visits and referred the family to Alta Regional Center and Public Health Nurse. Developmental screens consistently showed that the child had speech delays. The child's doctor administered hearing tests, but no hearing deficits were noted. Alta is now providing speech therapy for the child. In addition to supporting the child's language development, this experience has increased the parent's understanding of their child's development.

Through this experience, the CAPC staff learned that developmental screens do work to identify developmental delays. In addition, this story shows the importance of early intervention, particularly with isolated families who may not be receiving services elsewhere.

Home First – CAPC

This story is about a young married couple. The mother stayed home to care for her child, and the father worked. The couple had one child who was less than one year old. They had very limited family and social support. This Caucasian family wanted parent education from the CAPC program. The home visitor discovered that the family was spending any and all of their money on Ensure (a liquid protein drink) for their child to eat and that they did not have health insurance. The home visitor also learned that the child's mother had concerns about the child's eating and weight loss. The mother had approached a doctor with her concerns, but the doctor dismissed them. The home visitor provided weekly home visits and administered developmental screens (ASQ, Denver) to the child.

The program staff referred the family to a Public Health Nurse, who worked with the family's doctor to further assess the child's health. These additional tests revealed that the child had an intestinal blockage that required surgery to correct. After receiving the surgery, the child's health improved greatly.

Since the surgery, the child has gained weight and now eats normally. In addition, the family's finances have improved since the child's surgery. Developmental screens recently done on the child show that the child's overall development is also improving.
This story highlights the importance of trusting a parent's instincts about his/her child. Because the home visitor listened and responded to the mother's concerns, this child received the medical care he needed.

KidZone

This story concerns a young Latino preschooler who attended Truckee State Preschool. Children in the State Preschool began meeting with Anglo children from another local preschool as part of the Preschool Immersion Program at the KidZone. When this interagency collaboration first began, the little boy suddenly stopped coming to school. After a phone call to his mother, the staff discovered that the little

boy was afraid of the Anglo children and didn't want to attend the Immersion Program with them. After some discussion with the mother and then coaxing on her part, the young boy began returned once again to the Immersion Program. Within weeks, his shyness and fears were overcome and he realized the Anglo children were just like him. He began playing and interacting with the other children and learning more English words. Later that year, his transition into Kindergarten was made easier because of his increased comfort level interacting with other children and speaking a language that was different for him. He is now thriving in Kindergarten and plays on the playground during recess with some of his Anglo friends from the Immersion Program. He rides the bus with some of the Anglo children and sees them around town, and they are friendly and comfortable around one another.

Kid Zone

This story involves a Physical Therapist who was working with a three-year-old boy with Down's Syndrome. One the request of the boy's mother, the PT started using the Kid Zone as an approved school site for physical therapy. Initially, the child was seen at the physical therapy clinic, but the mother felt he was somewhat distracted by the other equipment at the clinic that was not "child friendly." The mother thought that the Kid Zone would be a better place to conduct the physical therapy sessions because she knew that all of the materials would be safe for her son to use.

The young boy needed assistance climbing stairs, jumping, and developing strategies for crawling and climbing safely. The PT agreed that the Kid Zone would be an excellent environment for the child to receive assistance and support with these activities. The play structure at the Kid Zone has various stair heights that challenged the child. Further, the PT felt that the child was enticed to climb the stairs for the reward of being able to use the slide or drive the wheel at the top. The PT felt that the multiple areas on which to climb helped increase the child's core and upper body strength. They also used the foam wedges and mats in the infant area for climbing and jumping.

When it was time for physical therapy (after their first session at the Kid Zone), the little boy was excited to come to therapy because it was "fun" now. Whereas in the past the PT had trouble engaging the child for 60 minutes at the clinic, now the child wants to stay after his PT is finished.

Kings Beach Family Resource Center

This story involves a Hispanic mother with four children, ages 15 years, 12 years, 8 years, and 4 years. The youngest child has Autism and other health problems and needs dental care. Due to his autism, the youngest child was also not receiving any schooling and was not enrolled in a childcare program. The children's father was in jail, and the oldest son, with whom the four-year-old had a close relationship, was in Juvenile Hall. When his brother was jailed, the child with Autism stopped eating and began having severe behavior problems.

When the Family Advocate first met the family, the youngest child was not communicating, not eating, and was acting out. The Family Advocate helped the family get healthcare through Alta Regional. The Family Advocate then worked closely with Alta Regional to set up schooling for the child in Truckee and enrolled the child in after-school care. The Family Advocate also identified other needs within the family, including the fact that the youngest child was developmentally delayed.

The Family Advocate worked with the family to provide training to the mother regarding Autism and disabilities. They worked with the parent in Spanish to provide information about Autism and other mental and physical disabilities. Dental care appointments were scheduled, and the program staff assisted with brining the family to their appointments. The Family Advocate worked with Alta Regional to connect the four-year-old with a home visitation program from Auburn so that they could meet with him once a week to work on his listening and communication skills. They also work with the mother to help her cope with the changes.

The young child is now doing well and is attending school and an after preschool childcare program in his area. His mother is having an easier time coping and has returned to work. The mother followed all the family advocate's instructions and kept all of their appointments. Further, she has found her own transportation for the children's future medical care. In addition to working with the Family Advocate to get care for her children, the mother is currently an instructor at the FRC and trains other moms about Autism and other developmental disabilities. This story shows that it is never to late to change a downward spiral, and that one person, one program, can really make a difference, even in a fragmented system. Perseverance is the key.

Men, Infants, and Children (MIC)

This story is about a 39 year-old man and his two young daughters, ages two and four years. The man has been in and out of prison and in and out of drug rehabilitation programs. Because he was in transitional housing, he was required to attend the MIC program. When he entered MIC, the man wanted custody of his daughters.

The MIC program created a new partnership with the re-entry program. The father received the following services through the MIC program: transitional housing, child support help, donations for household items, and recovery information and support. MIC services also included anger management, conflict resolution, information about toxic parenting, and childcare.

The father has graduated from the program and now has custody of his children. He has acquired his own apartment and transportation. The father is currently employed and is supporting himself and his daughters. Although he has graduated from MIC, he still attends MIC as a peer educator. By participating in the MIC program, this father is less stressed and his children are exposed to a healthy parenting environment. Overall, this father has increased his responsibility and involvement in his children's lives. This father shows the value of supporting a father's dedication to this children and keeping the hope that their lives can change.

Men, Infants, and Children (MIC)

This story is about three generations of males, of all whom participated in the MIC program. The participants included a one-year-old boy, his 28 year-old father, and his 59 year-old grandfather. MIC provided legal referrals, supported family dinners, and provided a positive male social environment. The child's grandfather and father received information about anger management, conflict resolution, budgeting, wants and needs, toxic parenting, and childcare. The father, son, and grandson are still part of this program. Through the support they received at MIC, the grandfather learned to allow his son to grow and realized that he did not have to make decisions for him. The son found that he understood his

responsibility as a father when he was given the chance. He also learned the communication and conflict resolution skills that enabled him to express to his father how his dominance inhibited his ability to grow. The grandson benefited from having a safe, stable environment and by having the two males in his life working together to maintain this environment. This story shows that the male right of passage between a father, son, and grandson can start at any time. It is never too late to start over and assume the responsibilities of fatherhood.